

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Moftham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M60524
1. Corporation Name

(9)

M. H. S. S. ENTERPRISES, INC.

Principal Place of Business

401-NE 2 AVE
HALLANDALE-FL 33009
US

Mailing Address

428 NORTH LUNA CT.
HOLLYWOOD FL 33021

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/09/1987

4. FEI Number

65-0017915

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

Yes ☒ No ☐

2. Principal Place of Business

21 115 NE 5th ST

2a. Mailing Address

26 115 NE 5th ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Hallandale, FL

City & State

28 Hallandale, FL

Zip

33009

Country

U.S.

Zip

33009

Country

U.S.

9. Name and Address of Current Registered Agent

SCHIFFRES, HARVEY
428 NORTH LUNA CT.
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DP
SCHIFFRES, HARVEY
STREET ADDRESS 428 N. LUNA CT.
CITY-ST-ZIP HOLLYWOOD FL

TITLE ☐ DELETE

NAME DST
SCHIFFRES, MINNI
STREET ADDRESS 428 N. LUNA CT.
CITY-ST-ZIP HOLLYWOOD FL

TITLE ☐ DELETE

NAME D
SCHIFFRES CARY
STREET ADDRESS 2508 CARDAMON AVE.
CITY-ST-ZIP COOPER CITY FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

Cary R Schiffres 7/8/98 954-458-6696

FILED
Aug 05 1998 8:00am
Secretary of State



CR2E034 (5/98)